

Woodland creatures teach parents, caregivers about Fetal Alcohol Syndrome



QUESTION: Is it possible for a pair of raccoons, a fox, a bear and a puffin to make life more manageable for children and adults suffering from Fetal Alcohol Syndrome?

ANSWER: Yes, it definitely is possible when these wild creatures are brought to life through the stories and word pictures of a Native American storyteller in an award-winning new video series developed especially to help families who care for children and adults with Fetal Alcohol Syndrome and Fetal Alcohol Related Conditions.

A partnership of between DSHS and several other state agencies, health-care experts and traditional Northwest tribal storytellers has produced a collection of stories, health tips, and practical knowledge that will help parents and foster parents learn about Fetal Alcohol Syndrome and gain a deeper understanding of how it affects their children.

At a recent unveiling at the Daybreak Star Indian Cultural Center in Seattle, Secretary Dennis Braddock said, "It is very important to bring this disease to the attention of the public and decision makers. I'm very proud of this partnership and what they have achieved."

Produced by the DSHS, "Journey Through The Healing Circle" is now available to parents, schools, and other social service agencies as a series of videotapes, video CD's and professionally illustrated workbooks.

The series begins with the words of a Native American storyteller, who tells his listeners: "We have gathered here with Grandfather, our Creator, the ones who fly, the ones who crawl, the ones who swim, the ones who walk on four legs, and those beautiful spirits ... those who have Fetal Alcohol Syndrome and Fetal Alcohol-Related Conditions ... who have come to earth as volunteers to teach us what we need to know to heal in our communities."

DSHS produced the video series and books in partnership with the Department of Information Services as a way of helping families who care for those affected with Fetal Alcohol Syndrome and related conditions.

"We wanted to help parents and foster parents see their Fetal Alcohol Syndrome child through understanding, patient eyes; to look for the gifts that such a special child presents - patience, tolerance, and determination," said Sharon Newcomer, project manager for the series.

"We also wanted to reassure those who are raising children with Fetal Alcohol Syndrome or related conditions that they are good parents and have much to be proud of in how they care for their special-needs children," said Newcomer, who also is program manager with the Foster Parent Training Institute - a part of the Children's Administration Division of Licensed Resources.

Fetal Alcohol Syndrome:

The birth defect that can be prevented

Fetal Alcohol Syndrome is the only birth defect that can be completely prevented, but high rates of alcohol use and unplanned pregnancies make prevention a challenging task. DSHS experts estimate that as many as one in every 300 children in Washington are born with Fetal Alcohol Syndrome or related conditions.

Children with Fetal Alcohol Syndrome or related conditions exhibit a number of behavior challenges, including inconsistency in understanding and carrying out instructions, frequent inability to judge the danger of a situation, lack of interest in eating, and difficulties in falling asleep. They often find their world to be complex and confusing, and are easily frustrated when attempting to learn new things.

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"We wanted to help parents and foster parents see their Fetal Alcohol Syndrome child through understanding, patient eyes..."

*-Sharon Newcomer
Children's Administration*

1-866-ENDHARM makes it easier to remember abuse reporting number

Last year, DSHS's Child Protective Services received over 76,000 reports of suspected child abuse and neglect.

In an effort to make it easier for neighbors and community members to remember the phone number to call to report suspected abuse or neglect, a new referral number was recently announced.

The public can now call the new DSHS toll-free 1-866-ENDHARM. When citizens call 1-866-ENDHARM, they are connected to the right DSHS office to make a report.

A team from DSHS and the Washington Council for the Prevention of Child Abuse and Neglect has been working to develop the easily-remembered telephone number, which



was announced in conjunction with state-wide events drawing attention to Child Abuse Prevention Month.

All DSHS employees are mandated by law to report suspected child abuse or neglect or the abuse or neglect of a vulnerable adult. You don't have to witness or have proof that an incident occurred. As long as you have reasonable cause to believe that a child or vulnerable adult has been abused or neglected, you must report.

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Secretary's
CORNER

by Dennis Braddock



Words about our work

Employees, clients, and the public share thoughts on the work we do

Send your thoughts and/or letters from clients to Secretary Dennis Braddock, attention: Letters to The News Connection, P.O. Box (Mailstop) 45010, Olympia WA 98504; via e-mail BraddD@dshs.wa.gov



Western State Hospital is the largest state psychiatric hospital west of the Mississippi River. We are concerned that we have some patients there who could benefit from treatment in their home communities, yet they are kept at the hospital for extended periods of time for lack of proper community treatment alternatives.

We proposed to the Legislature reducing the number of beds at Western State Hospital and Eastern State Hospital and moving patients to community settings that are more appropriate for their care and quality of life. In their recent 2001-2003 Budget Proposal, the Senate agrees with reducing the number of beds, but in a slower time frame to give us more time to prepare community appropriate placements. We are working with the Senate to be sure appropriate community placements are available.

These moves will be planned carefully so that no one leaves inpatient hospital care without a suitable alternative community location that is qualified, ready, willing and able to accept them.

Any person who is moved will be moved only after a careful assessment of his or her individual housing, legal, mental and medical care needs shows they will benefit from living in their home communities, closer to friends and families.

In the months ahead we will be making a concerted effort to authorize and develop the necessary community alternatives throughout Eastern and Western Washington. We will be transferring funds from the Mental Health Division's institutional budget to the community budget for Regional Support Networks. Additional funds will also be provided to the Aging and Adult Services Administration.

This additional support for community alternative settings will make it possible to offer more specialized care in communities where it is needed the most. It will also allow both state hospitals to concentrate more on their primary mission of providing quality inpatient psychiatric services for people with acute or emergent needs.

Dear Dennis Braddock,

Good afternoon from Eastern Washington. ... My fiancée (name withheld) had spinal surgery recently. The (DSHS) Pasco office helped her when she was totally disabled. She had been working. The Department of Labor and Industries denied her claim, because she mistakenly wrote a (wrong) date.

We are working the appeal process. Governor Locke is helping. I believe soon they (L&I) will be responsible for the assistance, given to Elizabeth. I believe that the (cost of) assistance you gave her needs to be refunded to the Department of Social and Health Services in Pasco to assist the next person whom needs assistance. I am personally, very grateful for the assistance you gave to her. I am

writing a letter to Governor Locke in support of the fine job you do.

I am an Army veteran...of 13 years. I know professionals when I see them and they are in the Department of Social and Health Services in Pasco.

Thank you,
Gene Baldwin
Connell



Litigation News

By Bernie Friedman, J.D.
Special Assistant to the
Secretary for Loss Prevention
and Risk Management

I reported a couple of months ago about SSB 5355, a bill Sen. Jim Hargrove, D-Hoquiam, introduced that would have eliminated liability for our caseworkers and social workers in situations where a bad result occurs, but the workers performed their duties using ordinary care and skill. The bill passed the Senate 32-17, after a spirited floor debate that some of you may have seen on TVW. Unfortunately, it gained no strong supporters in the House, and died in committee without even a hearing.

Nevertheless, we had a very good airing of our concerns. I especially recommend to you the opinion column by Secretary Braddock the *Seattle Post-Intelligencer* ran on March 23. For those of you who have access to the Internet, you can read the Secretary's comments at <http://www.seattlepi.com/opinion/stateop.shtml>.

The Secretary concluded with these remarks: "Nobody wants a corps of demoralized workers worrying about outcomes beyond their control, trying to pass the buck or writing memos simply to protect themselves. Rather, Hargrove's bill will tell DSHS employees to act as the professionals they are — to use their

best judgment, to meet the standards set for them and to exercise proper care. That outcome is always in the best interest of the people of Washington." Hear, hear.

We did not get the bill through this year, but it will surely be on the legislative agenda next year.

Let me switch to another topic that is of continuing concern. In many cases with which I have become acquainted in the six months I have been here, we have allowed potentially litigious situations to develop and ripen without getting our attorneys general involved.

The Attorney General Office serves as the legal advisor to the Department. It is just as if we were a private business that had retained a law firm to handle our legal affairs. In the private sector, businesses always call their attorneys when there is the first sign of a potential problem. The fear is, matters will deteriorate and the business will wind up in an untenable situation after which legal assistance may be too late to do any good. We should act the same way.

If, for instance, you receive a letter from a client's attorney, you should immediately seek legal assistance rather than replying to it. You should assume no matter is "routine" when an attorney is involved. With an attorney on the scene, an active legal dispute is either present or incipient, and we must get our own attorneys involved. If we do not, we risk exposing ourselves to even greater problems.

Contact me at (360) 902-7860 or e-mail at friedbh@dshs.wa.gov to discuss loss prevention and risk management.

Take time to recognize colleagues' excellence

Once a year we take time to recognize and honor those employees and teams that did an outstanding job during the past year.

Share your congratulations with them at the regional Employee Recognition Celebrations scheduled across the state during May.

Employees receiving recognition from the regional level are first honored. Then those selected for the highest honor, state level, are honored.

Region 1 - May 10 - 12 noon
Polly Cosgrove (509) 458-3608
Spokane Falls Community College
3410 West Fort George Wright Drive, Spokane

Region 2 - May 17 - 11:30 a.m.
Yvonne Frailey (509) 225-7910
Doubletree Inn
2525 N. 20th Avenue, Pasco

Region 3 - May 25 - 11:30 a.m.
Carlene Wagner (425) 339-1929
O'Berg's Facility
16710 Smokey Point Boulevard
Arlington

Region 4 - May 4 - 12 noon
Susan Worthy (206) 568-5613
Maplewood Greens Ballroom
4050 Maple Valley Highway, Renton

Region 5 - May 11 - 12:30 p.m.
Mary Beth Quinsey (253) 476-7664
Copperfield's Restaurant
8736 South Hosmer, Tacoma

Region 6 - May 18 - 11:30 a.m.
Cheryl Daly Flynn (360) 725-1874
Indian Summer Golf & Country Club
4009 Yelm Highway, Olympia

Headquarters - May 30- 1:00 p.m.
Trish Castro (360) 664-5863
Worthington Center, St. Martin's College
5300 Pacific Avenue SE, Lacey

Find out what the news media is saying about DSHS

Articles about DSHS and issues of concern to the department are collected daily from newspapers in Washington state, national newspapers, and selected publications by the Communications Division.

These clippings are available on the DSHS Intranet at <http://intra.dshs.wa.gov/commrel/newsclips>



Five teams improve services through the quality approach

This month we share with you the successes of five DSHS quality teams featured in the most recent Blue Book published by the Governor's Office. Using quality principles and approaches, they are making a difference in improving how we deliver services to our clients across the state.

CHILD CARE STAFF TRAINED TO SPOT CHILD CARE PAYMENT FRAUD

The Child Care Unit at the Mt. Vernon Community Services Office (CSO) completed a review of its Working Connections Child Care caseload to determine the accuracy of child care payments.

The review identified a number of cases involving duplicate payments made to different providers for the same children, payments made to unlicensed in-home care providers providing child care outside of a child's home (in violation of program rules), and payments made for hours of child care beyond what had been approved by CSO staff.

A team comprised of CSO and DSHS Division of Fraud Investigation (DFI) staff was established to address concerns of provider fraud in the child care program and the safety of children receiving care from unlicensed providers. The team identified areas of potential fraud, and provided training to CSO child care staff that focused on identifying questionable circumstances and preparing fraud investigation referrals.

After training, 75 referrals were made to DFI investigators.

Results

- Increased safety to children by ensuring child care program requirements are being met.
- Estimated savings of \$14,036.38 in child care payments.
- Enhanced communication between CSO and DFI staff.
- Increased communication between CSO staff and clients regarding client child care choices.
- Child care staff trained to identify areas of questionable circumstances.

Team members: Jack Arntzen, Pat Park, Lowell Bieber, Rick Gaynor, Greg Powell, Patti Omdal

MT. VERNON CALL CENTER PROVIDES IMMEDIATE RESPONSE

The Mt. Vernon Community Service Office has followed the agency's administrative policy requiring that telephone calls from clients be returned within 24 hours. However, customer surveys indicated that clients felt the 24-hour policy did not meet their needs and that telephone service could be improved. A Quality Improvement Team was chartered to develop a call center approach to meeting customer needs.

The QIT developed and implemented a Customer Service Call Center effective Jan. 10 to provide the immediate response to all incoming phone calls. Call Center staff can address the needs of the caller, accepting child care and medical applications over the phone, and providing information and referral as appropriate.

The Call Center provides a higher level of customer service to clients being served by the CSO and allows workers to spend more value-added time delivering case management services that help families move from welfare to work. Call Center staff handled 2,758 calls during the first 19 days in operation, with an average wait time of four seconds for callers.

Results

- Enhances customer service (providing immediate response by knowledgeable staff to incoming calls and telephone inquiries).
- Significantly reduces staff time spent in taking messages and returning telephone calls.
- Saves clients a trip to the CSO (savings in time and transportation costs), especially important for employed clients who won't lose time at work having to come to the office.
- Streamlines service to internal and external customers.

Team members: Jack Arntzen, Mary Roal, Pat Crumrine, Elaine Conder, Willyne Adams, Bill Grissom, Sharon Nielson, Faye Hoyt, Robin Ford, Diane Linnell, Michelle McKinnon, Darcy Deach, Jade East

CONSOLIDATING DATABASES BENEFITS OFFICE OF THE DEAF AND HARD OF HEARING CUSTOMERS

Accurate assistive telecommunications equipment inventory information for the Office of the Deaf and Hard of Hearing (ODHH) was often unavailable. The customer database was duplicated by ODHH staff, each with different information about equipment in the possession of vendors and clients. This resulted in tracking system errors and inventory management inefficiencies.

In addition, it caused delays in delivery of equipment statewide to deaf and hard of hearing clients when demand for assistive telecommunications devices exceeded inventory stores or vendors failed to receive needed inventory.

Asset management was compromised when vendors' inventory counts did not reconcile with the master database, which also created opportunities for loss of state property.

This quality improvement consolidated databases, enabling staff to identify inventory levels, know which vendors possessed specific items for clients, and which clients owned specific items. This also allowed for timely reorder of needed inventory and timely delivery to vendors.

Results

- Eliminated duplicated data entry by staff.
- Provided more reliable reports with less human error through reduced data handling.
- Ensured timely access to statistical information by use of electronic tracking options.
- Provided better identification and preservation of state assets.
- Provided more accurate inventory levels and timely procurement.

Team members: Kelly D. Buckner, Colleen Rozmaryn, Sandra Johns, Riley Beerbower, Lien Ngo-Tran, Jerry Heath

NEW AUTOMATED SYSTEM ELIMINATES BLUE SLIPS IN MT. VERNON CSO

The Mt. Vernon Community Services Office (CSO) implemented an automated system of notifying workers that clients are waiting in the lobby to see them. The old paper system required a client to fill out a reception (blue) slip and turn the slip in to the receptionist, who then hand delivered the slip to the appropriate worker. The paper system resulted in long lines in the lobby as clients waited to turn in the slip and receptionists left the counter to deliver the slip.

A quality improvement team developed a pilot to test the viability of replacing the paper process with a personal pager system. The team selected equipment, developed a process, and provided training to staff. Under the new automated system, clients no longer need to complete a paper reception slip. They give their name to the receptionist who then immediately pages the appropriate worker (letting them know that a client is waiting to see them).

Results

- Enhanced customer service as clients spend less time waiting in lines.
- Increased efficiency at the reception counter.
- Ensure workers are notified immediately of clients waiting.

Team members: Ronnie-Sue Johnson, Sylvia Jacobs, Celica Tijerina, Ruth Hagerty, Judi Morgan, Reva Johnson, Bill Grissom

VANCOUVER DCFS OFFICE ACHIEVES ACCREDITATION

Recruitment and retention of employees are on-going concerns often connected to low employee morale. Risk management is also an issue in our service to children and families. At times, the credibility of Children's Administration (CA) is not very high with legislators, community, customers, and service providers.

The Vancouver office of the Division of Children and Family Services (DCFS) volunteered to pilot test the costs and benefits of becoming an accredited public child welfare agency by undertaking the accreditation process through the Council on Accreditation of Services to Children and Families (COA).

Using quality principles continues to result in better services

A team from the Vancouver DCFS Office completed the accreditation requirements, including a written comprehensive self assessment covering 741 standards and a site visit of peer reviewers from the COA. Accreditation was received on Oct. 20.

The Vancouver DCFS Office became the first public child welfare agency in the Western United States to achieve this status. Emphasis on improving quality in the organization as well as participation of customers and stakeholders are major benefits of accreditation. The accreditation team has continued as a quality improvement standing office team, regularly reviewing data and taking action to make improvements based on data. The Vancouver office has demonstrated that it meets COA’s high standards in the areas of accountability, management, child safety, permanency, and the overall well-being of children in the state’s care.

Results

- Full accreditation status for the Vancouver DCFS Office
- Demonstrated accountability in service delivery and management of resources
- Definitive demonstration to consumers, legislators, and the community that the office is effective and professionally sound
- Increased staff morale, teamwork, and participation of customers and stakeholders
- Improved focus on data-driven continuous quality improvement

Team members: Doug Lehrman, Ed Cote, Dee Wilson, Helen Sullivan, Cindy Hardcastle, Mary Scott, Marian Gilmore, Susan Cunningham, Denise Serafin, Billie Smith, Cameron Preas, Theresa Cole, Linda Minnick, Karen Gorini, Bernie Gerhardt, Eric Anderson, Chris Trujillo, Gayle Davis



Management Book Review

By Solomon M. Uwadiale, Ph.D.
Program Coordinator
Employee Suggestion “Brainstorm” & Teamwork Incentive Program (TIP)

Title: Managing Crises Before They Happen
(What Every Executive Needs to Know About Crisis Management)

Author: Ian I. Mitroff with Gus Anagnos

Publisher: MACOM, New York

When we talk about crises that have a devastating serious impact on businesses two incidents come to mind: the chemical leak from a Union Carbide plant in Bhopal, India, and the Exxon Valdez oil spill. Yes, we live in a crisis-ridden society but the question then is what do we do about it to minimize the impact in our businesses and communities.

Part of the solution, according to Ian Mitroff and Gus Anagnos, to minimize the impact of crises on your organization is to be able to first recognize the early warning signals that precede a crisis, focus on the big picture, avoid becoming either the victim or villain, understand the importance of personal character, think outside the box, and, above all, learn from one crisis those things that can prevent reoccurrence.

In this review, we are focusing on the five major components of an effective crisis management framework: risk categories of crises, preparation mechanisms, organizational systems, stakeholders, and crisis management scenarios.

- 1. Risk Categories of Crisis:**
- The first component of an effective crisis management approach is your understanding and preparation of the different types of crisis that include:
- Economic crisis: may include labor dispute, market crash, and major earnings decline (budget reductions).
 - Informational crisis: may include tampering with computer records and data, loss of proprietary information and customer information.
 - Physical crisis: may include loss of key organization equipment, material supplies, loss of key facilities, etc.
 - Reputation crisis: may include organizational slander, rumors, damage to organizational reputation, etc.
 - Crisis as a result of psychopathic acts: may include kidnapping of executives, terrorism and workplace violence.
 - Natural disasters: may include fires, earthquakes, floods, explosions and hurricanes.

Natural disaster does not necessarily have the same impact on an organization, since the general public will normally empathize with the organization, but on the other hand, if clear mistakes were made such as building flimsy facilities in earthquake-prone zone, then the organizational reputation will surely suffer.

The authors suggest the best crisis management approach is to prepare for at least one crisis in each of the categories mentioned above. For example, a chemical company should prepare for explosions and fires since these are part of day-to-day operation in the chemical industry. Social services should prepare for cases, such as high profile child/adult abuse, fatality, and fraud. Don’t have the illusion that the crisis you anticipate will be the one you face. The best crisis management approach is for you to be prepared for at least one crisis in each of the categories.

2. Crisis Preparation and Response:

The second component is the implementation of effective mechanisms that can help your organization prepare and respond to crisis. First, you need to put in place mechanisms that will help you anticipate, sense, react to, contain, learn from and redesign effective organizational procedures for handling major crisis. For example, establish mechanism where employees can freely express their concerns to management.

Apart from having a good communication system place, it is important to have someone assigned in the organization to transmit crisis signal information to the right people for action. Next, you must have a postmortem mechanism in place that will allow you to learn from the crisis and not to assign blame.

3. Organizational System:

The third component is the organizational systems such as your technology, employees, organizational structure, culture, business core, and top management commitment. An organizational culture that rewards people for certain kinds of behaviors, which in turn hinder communication to the right people, can result in costly decisions.

4. Relationships with your Stakeholders:

The fourth component is your stakeholders, including both internal and external. You need to develop the right relationships with your stakeholders in advance as part of your crisis management plan. Your internal stakeholders include employees and external stakeholders can include your local fire and police departments. Another reasonable external stakeholder you may consider is the media, which can be harsh in their criticism of organizations that have an inadequate response to crisis.

5. Establishing Crisis Scenarios:

Developing crisis scenarios is the last component. Basically, you are looking at how your organization will react to crisis when it occurs and specifically the steps or procedures to follow to eliminate or minimize any catastrophic impact to your organization.

One of the best approaches of setting up a good crisis management is the “best-case-worst-case” scenario. A recent example is the Y2K contingency plan exercise that most organizations went through in 2000. Most organizations had the opportunity to prepare for what could happen Jan. 1, 2000, and all the necessary steps to handle any kind of crisis that presented itself.

The authors encourage organizations to always tell the truth when crisis occurs and always take responsibility for any action taken or lack of action taken. The best approach is to take the initiative, and be able to control the release of information to the media and public. Most importantly, Ian Mitroff stressed to think outside the box and learn from one crisis things that can prevent other crises.

Good luck. Sol



Sharing our successes and commitment to reaching beyond the expected to the excellent

Each of the eight administrations has steering committees to assist in leading the department's efforts to continue providing quality services to the residents of the state of Washington. For more information on the quality improvement activities occurring throughout the department, contact Roxie Schalliol, internal quality consultant, at (360) 902-7783 or e-mail at scharh@dshs.wa.gov. Please visit the DSHS Intranet Quality Improvement site at intra.dshs.wa.gov/news.htm for ongoing updates of plans, successes, and accomplishments.

Get involved in Drug-Free Washington Month

Although most kids in Washington are getting the message that using alcohol and other drugs is harmful, those who do use drugs are putting themselves at greater risk for violence, teen pregnancy, drug addiction, and academic failure.

During April, state and community organizations across the state will be recognizing people and programs that are keeping youth drug-free, sponsoring drug free activities, and increasing

For youth ages 11-17, parents (86%) and grandparents (56%) have the greatest influence.*

1993 Newsweek survey of youth

public awareness about the harmful effects of misusing drugs.

How can you get involved in keeping kids drug-free? Be a mentor. Join your local PTO. Be an advocate

for restricting the promotion and availability of alcohol in your community. Talk with your kids early and often about alcohol and other drugs.

Free drug prevention brochures with tips on talking with kids, and more information about Drug Free Washington Month is available from the Washington State Alcohol/Drug Clearinghouse by calling 1-800-662-9111 or logging onto their Web site: www.adhl.org/clearinghouse.

5 actions families can take to raise drug-free kids

- 1. Start:** It is never too early to prevent your children from misusing alcohol and other drugs. Building protective factors, such as providing opportunities for your child to make meaningful contributions to the family, and recognizing their accomplishments, with even the youngest children, plays an important role in protecting them from drugs.
- 2. Educate:** Explain simple facts to your kids about how drugs can hurt them and destroy their dreams. Teach your child to analyze and understand media messages that glorify alcohol and other drug use. Learn more about media literacy from websites such as www.teenhealthandthemedianet.net.
- 3. Care:** Spend at least a few minutes each day telling and showing your children that you care. Tell them you care that they are alcohol-free. Reinforce healthy choices. Make sure they come to you first for help or information.
- 4. Be Aware:** Try to be home with your kids during the hours of 4 and 6 p.m., the "danger zone" for alcohol and other drug use. Look for the warning signs that your child may be developing an alcohol problem and get help before the problem occurs.
- 5. Get Involved:** Effective prevention extends beyond the home into the community. Get involved in your community. Ensure that your community's streets, playgrounds and schools are safe and drug (including alcohol) free. Start or join a community watch group or community anti-drug coalition. Become active in the PTA. Become an advocate for restricting alcohol ads in your community.

Child Support worker develops new Internet tool to locate parents and assets

Bob Withrow, Program Specialist, Division of Child Support

Erika Berg, a support enforcement officer (SEO) with the Division of Child Support (DCS) Spokane office, developed a Web site that will make it easier for her co-workers to track down non-custodial parents.

Some of the most difficult child support cases are those where non-custodial parents disappear or their income and assets are hidden. DCS needs a non-custodial parent's address to serve him or her the necessary legal paperwork to initiate a child support case. DCS needs to locate the non-custodial parent's income and assets in order to collect child support.

Locate work, often called skip tracing, requires a lot of time, creativity, and imagination. It is often the most time consuming and rewarding work that a SEO can do. It is very similar to the work that a detective does. Unfortunately, most SEOs, because of high caseload sizes, the increased number of programs they need to administer, and the pressure to meet program needs, do not have time for extensive locate activities.

The Internet provides access to a large number of locate resources but it is very difficult to find those resources. Berg devel-

oped a Web site that has links to various locate resources in each of the 50 states as well as to various national resources. When using this resource, a SEO is potentially able to find business and professional licenses, unclaimed property, real property, criminal records, marriage, birth, and death verification, and much.

Berg initially created this Web site for use by her collection team. She submitted her Web site to the DCS Quality Steering Committee through an automated suggestion process. The Committee agreed that it is valuable and recommended that management make it available statewide, which has since happened.

The site may be found on the DSHS Intranet at www.dcs.dshs.wa.gov/dcs/spokane/locate/United%20States.html.

This Web site is the result of a bright idea that was taken through the quality process. Congratulations Erika on your fine work.

Videos, books help understand Fetal Alcohol Syndrome

(Continued from page 1)

Fetal Alcohol Syndrome and related conditions also cause distinctive facial anomalies such as small, wide-set eyes and a thin upper lip. FAS children's bodies tend to be long, slim and small at birth,

and development comes slowly. Parents often find themselves at a loss as to how to help their children make their way in daily life.

The new video-and-book series helps parents, foster parents and families find positive and productive ways of working with the special needs of children with Fetal Alcohol Syndrome or related conditions. Using Native American story telling techniques, the series offers gentle, non-judgmental guidance and insights into some of the most challenging manifestations of the

disease from birth to adulthood.

Floyd Red Crow Westerman, a star in the acclaimed film, "Dances With Wolves," narrates the four touching stories, which tell about a fox named Stays in the Moment, orphaned raccoon twins named Best Day Ever and Little Mask, a teenage bear named Sees No Danger, and a grown-up puffin named Travels in Circles.

Each character dramatizes the various challenges Fetal Alcohol Syndrome and related conditions present at different stages of life.

Written by Dr. Robin LaDue and Carolyn Hartness (both Native American professionals in the field of fetal alcohol services) and illustrated by Raoul Imbert, these stories present frank, honest information in a way that children and adults find inviting and even entertaining.

Copies of the videotapes, books, and CDs are available from local libraries across the state and from the Foster Parent Training Institute at 1-800-662-9111 or 206-725-9696. Books and video can be downloaded from the DSHS Web site at www.wa.gov/dshs/ fosterparents.

Diversity Calendar

Each month *The NewsConnection* features special dates, provided by the Division of Access and Equal Opportunity. If you have a special date you would like included in the next calendar, e-mail Patte King at Kingpl@dshs.wa.gov. Not all dates can be included due to length constraints.

MAY

ASIAN/PACIFIC AMERICAN HERITAGE MONTH

- 1 Celtic Traditional First Day of Summer/International Labor Day
- 2 Holocaust Memorial Day
- 3 Japan & Poland Constitution Day
- 5 Mexico: Battle of Puebla Day
- 10 Isreal: Independence Day
- 13 Mother's Day
- 19 Armed Forces Day
Turkey: National Day
- 22 Canada: Victoria Day
- 24 Eritrea: National Day
- 25 Argentina: National Day
- 28 US: Memorial Day

JUNE

GAY & LESBIAN PRIDE MONTH

- 1 Samoa: Independence Day
- 11 Hawaii: King Kamehameha Day
- 12 Russia: Independence Day
Philippines: Independence Day
- 14 US: Flag Day
- 15 Magna Carta Day
Maulid an-Nabi (Islam - birth of Muhammad)
- 17 US: Father's Day
- 19 US: Juneteenth (freeing of slaves in Texas, 1865)
- 21 Summer Solstice
- 25 US: Gay Pride Day
- 28 Anniversary of Stonewall - Gay/Lesbian Movement

Journey Through the Healing Circle

This video series produced by the Washington State Department of Social and Health Services is narrated by Native American storyteller Floyd Red Crow Westerman, who uses animal stories to talk about Fetal Alcohol Syndrome (FAS) children and the FAS problems families confront. The series is free and can be downloaded from the DSHS Web site at: <http://www.wa.gov/dshs>

Video tapes can be ordered from the form below. For more information, visit the Web page or call Foster Parent Training Institute at 1-800-662-9111 or 206-725-9696.

To Order Videotapes:

- Little Fox (age 0-5) and Little Mask (age 6-11) \$4.00
- Sees No Danger (age 12-17) and Travels in Circles (age 18-22) \$4.00
- Set of both tapes \$7.00

Send order slip and your payment to: HELPLINE CLEARINGHOUSE, Suite A
3700 Rainier Ave. • Seattle, Wash. 98144
*Washington State residents add 8.6% Sales Tax

Report abuse and neglect of children and vulnerable adults

(Continued from page 1)

People who are legally required to report suspected abuse or neglect (mandatory reporters) should continue to call the direct telephone numbers that they have always called to make reports. These numbers have not changed. They are:

- **Abuse and Neglect Reports involving children:**
DSHS Child Protective Services statewide hotline number
1-800-562-5624
- **Abuse and Neglect Reports involving adults in their own homes:**
(Ask for APS intake)
DSHS Adult Protective Services regional numbers
Region 1: 1-800-459-0421
Region 2: 1-800-822-2097
Region 3: 1-800-487-0416
Region 4: 1-800-346-9257
Region 5: 1-800-442-5129
Region 6: 1-800-462-4957
- **Abuse and Neglect Reports involving adults in facilities**
Complaint Resolution Unit statewide number
1-800-562-6078

The new telephone number, 1-866-ENDHARM, is a referral number. It doesn't replace existing DSHS abuse reporting numbers. Rather, it will connect the caller to the right place to make a report. The answering service operates seven days per week, 24 hours per day.

Aging and Adult Services Administration, the Mental Health Division, and the Division of Developmental Disabilities are currently working on a single number the public can use to report suspected abuse or neglect of vulnerable adults.